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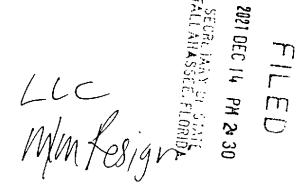
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## **COVER LETTER**

Division of Corporations BAR W FARM AND RANCH, L.L.C. SUBJECT: (Name of Limited Liability Company) The enclosed member, resignation or dissociation and fee(s) are submitted for filing. Please return all correspondence concerning this matter to: ROBERT WARD (Contact Person) BAR W FARM AND RANCH, L.L.C. (Firm/Company) 2421 Smith Chapel Road (Address) Bonifay, FL 32425 (City/State and Zip Code) For further information concerning this matter, please call: ROBERT WARD (Name of Contact Person) (Area Code & Davtime Telephone Number) Enclosed please find a check made payable to the Florida Department of State for: ■ \$25 Filing Fee . 

\$55 Filing Fee & Certified Copy Mailing Address: Street Address: Registration Section Registration Section Division of Corporations **Division of Corporations** P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E079 (2/14)

TO:

Registration Section



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

2021 DEC 14 PH 24
SECRETARY SEPTEMBER

## DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

1. The name of the	limited liability company as it appears on the records of the Florida Department
	R W FARM AND RANCH, L.L.C.
	ument/registration number assigned to this limited liability company is:
3. The date this mo	ember/manager withdrew/resigned or will withdraw/resign is:
(Print A MEMBER	ame of Person Resigning)
	(Print Title)
of this limited lia resignation in wr	bility company and affirm the limited liability company has been notified of my iting.
	26
Signature of Di	ssociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required) \$30.00 (Optional)